



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

June 07, 2010

Robert Clarke
Environmental Products & Services of Vermont Inc
PO Box 315
Syracuse, NY 13204

Re: Florida Hazardous Waste Transporter Approval

Dear Robert Clarke:

Your Florida Hazardous Waste Transporter Approval Certificate is enclosed. The terms and conditions of approval are specified in Sections 62-730.170 and 62-730.171, Florida Administrative Code(FAC), a copy of which is enclosed for your reference. Please note the following.

1. You must demonstrate proof of liability coverage on an annual basis, even if your insurance policy is issued on a multi-year basis. If no changes in status or insurance coverage have occurred, you can meet this requirement by submitting a certificate of liability coverage form along with the two copies of the Hazardous Waste Transporter Status Form, copies of which are available upon request from the Department of Environmental Protection.
2. A copy of your insurance policy, together with any endorsements, must be maintained at your principal place of business.
3. Your insurer can not terminate your coverage until 30 days after filing written notice with DEP, by Certified mail, that your policy has expired or has been canceled.
4. Any changes to the information specified on your approval certificate will render it null and void. It is your responsibility to advise DEP of any changes in liability coverage or status.
5. A copy of Hazardous Waste Transporter Status Form, complete with the Department approval shall be carried in each vehicle transporting hazardous waste for the transportation company.

Robert Clarke
June 07, 2010
Page Two

If you intend to operate a hazardous waste transfer facility, please refer to Form 8700-12FL, page 2, item 7(e) for a list of all the required documents that must be submitted.

If you are currently operating an authorized transfer facility, you must maintain records of incoming and outgoing hazardous waste shipments. These records must include generator names and manifest numbers, and, unless otherwise approved by the Department, must be maintained at the transfer facility in accordance with Rule 62-730.171, 7(6), F.A.C. Also, please review the attached letter of March 11, 2009 addressed to all hazardous waste transporters who have notified of existing transfer facilities, subject: Required Submittal of Supplemental Information.

If you have any questions, please contact me at 850/245-8755.

Sincerely,

A handwritten signature in black ink that reads "Aprilia Graves". The signature is written in a cursive, flowing style.

Aprilia Graves
Engineering Specialist IV
Hazardous Waste Regulation Section

AG

Enclosures: Hazardous Waste Transporter Approval Certificate
Hazardous Waste Transporter Status Form (with insurance verification)
Sections [62-730.170](#) and [62-730.171](#) , FAC



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HAZARDOUS WASTE TRANSPORTER CERTIFICATE OF APPROVAL

This is to certify that the carrier specified below has been approved as a hazardous waste transporter in Florida. The terms and conditions of this certificate require that the holder comply with all applicable portions of Chapter 62-730, Florida Administrative Code. This certificate shall be rendered null and void if any information contained within becomes obsolete. The certificate shall remain valid through the expiration date specified below.

TRANSPORTER: Environmental Products & Services of Vermont Inc

FACILITY ID NO: NYR000115733

FACILITY ADDRESS: 532 State Fair Blvd
Syracuse, NY 13204

INSURANCE CARRIER: NAUTILUS INSURANCE CO

INSURANCE POLICY#: ECPO151690110

EFFECTIVE DATE: June 01, 2010

EXPIRATION DATE: June 01, 2011

APPROVED TRANSFER FACILITY: NO

APPROVAL ISSUED BY:  DATE: June 07, 2010

Aprilia Graves
Engineering Specialist IV
Hazardous Waste Regulation Section
850/245-8755

Are your services commercially available? YES

STATE OF FLORIDA

HAZARDOUS WASTE TRANSPORTER STATUS FORM

I. Transporter Identification:

Transporter Name: ENVIRONMENTAL PRODUCTS & SERVICES OF VERMONT, INC.

Transporter EPA ID: NYR 000 115 733

Location Address: 532 STATE FAIR BOULEVARD

SYRACUSE, NY 13204

Contact: ROBERT CLARKE Telephone: (315) 451-6666

Mailing Address: P.O. BOX 315

SYRACUSE, NY 13209

II. Insurance Information:

Insurance Company: NAUTILUS INSURANCE COMPANY

Address: 7233 E. BUTHERUS DRIVE

SCOTTSDALE, AZ 85260-2410

010 HAYWARD, FREYER & COON

Contact: LAURIE PECKEY

Telephone: (315) 451-1500

231 SALINA MEADOWS

Policy Number: ECPO151690110

P.O. BOX 4743

Expiration date: 6/1/2011

SYRACUSE, NY 13221

III. Waste Information:

EPA Waste Codes for Waste Routinely or Usually Transported:

D001 D018 D008 F003

Comments: EPSYT WILL TRANSPORT OTHER EPA RCRA

HAZARDOUS WASTE CODES FOR CLIENTS AS REQUIRED

IV. Certification:

I certify under penalty of law that the above information is true, correct, and complete to the best of my knowledge.

ROBERT T. CLARKE
Print/Type Name

ENVIRONMENTAL MANAGER
Title

Robert T. Clarke
Signature

6/4/10
Date Signed

V. The transporter identified above is in compliance with the financial responsibility requirements for hazardous waste transporters pursuant to Chapter 62-730.170, Florida Administrative Code. The forms submitted by the transporter show compliance with the financial responsibility through 6/1/2011 Date

APPROVED by Tiffaney A. Noland, changes approved by the Certifier by phone 6/04/2010

Signature of Florida Department of Environmental Protection Representative Date Signed

532 State Fair Boulevard
Syracuse, NY 13204
Website: www.epsofvermont.com



PHONE: (315) 451-6666
FAX: (315) 457-6652
1-800-THETANK

June 4, 2010

MAILED CERTIFIED
6/4/10

State of Florida
Department of Environmental Protection
Attn: Tiffany Noland
Bob Martinez Center
2600 Blair Stone Road
Tallahassee, FLA 32399-2400

Re: Hazardous Waste Transporter Renewal Application
Transporter: Environmental Products & Services of Vermont, Inc
Permit #: NYR000115733

Dear Ms Noland,

Attached to this letter you will find a completed hazardous waste transporter permit renewal application package.

In this package you will find the following information:

1. Form 8700-12FL – Florida Notification of Regulated Activity Form
2. DEP Form 62-730.900(5)(d) – Hazardous Waste Transporter Status Form
3. DEP Form 62-730.900(5)(a) – Hazardous Waste Transporter Cert. of Liability Ins.
4. ACORD Certificate of Liability Insurance Form

Should you have any questions on this renewal application submittal please contact me at 315-451-6666.

Sincerely,

Robert T. Clarke
Environmental Manager



8700-12FL - FLORIDA NOTIFICATION OF
REGULATED WASTE ACTIVITY
DEP Waste Management Division-HWRS, MS4560
2600 Blair Stone Rd. Tallahassee, FL 32399-2400
(850) 245-8772

Date Received
For DEP Official Use Only

FEB 17 2009

EPA ID NYR000115733

1. Reason for
Submittal

Mark 'X' in
correct box:

- ☐ To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).
- ☒ To provide subsequent notification (to update status and facility identification information). **(RENEWAL)**
- ☐ Is this the final notification (see instructions) for the facility?

2. Facility or
Business Name

ENVIRONMENTAL PRODUCTS & SERVICES
OF VERMONT, INC.

FEID No.

030364761

3. Facility Operator
(List additional
Operators in the
comments section).

Name of Operator:

ENVIRONMENTAL PRODUCTS & SERVICES
OF VERMONT, INC.

☐ New Operator

Date became Operator: ___/___/___
mm dd yy

Street or P.O. Box:

P.O. Box 315

Phone Number:

(315) 451-6666

City or Town: SYRACUSE

State: NY

Zip Code: 13209

Operator Type: ☒ Private ☐ Federal ☐ Municipal ☐ State ☐ Other

4. Facility Physical
Location
Information

Physical Street Address:

532 STATE FAIR BOULEVARD

City or Town: SYRACUSE

State: NY FL

Zip Code: 13204

County: Choose ONONDAGA

If available, please attach a map or sketch of the facility boundaries. **(NOT APPLICABLE - OUT OF STATE TRANSPORTER)**

Latitude: ___ . ___ Longitude: ___ . ___ Method: ___
dd mm ss.ssss dd mm ss.ssss Datum: ___

5. Facility North American Industry
Classification System (NAICS)
Code(s)

A. 562111

B.

C.

D.

6. Facility or
Business Mailing
Address

Street Address or P.O. Box: P.O. Box 315

City or Town: SYRACUSE

State: NY

Zip Code: 13209

7. Facility or
Business Contact
Person

First Name: ROBERT

Last Name: CLARKE

Title: ENVIRONMENTAL
MANAGER

Phone Number: (315) 451-6666

Extension: 234

E-Mail: bclarke@eps of vermont.com

Street or P.O. Box: P.O. Box 315

City or Town: SYRACUSE

State: NY

Zip Code: 13209

8. Real Property
(Land) Owner
of the Facility's
Physical Location
(List additional
real property owners
in the comments
section.)

Name of Real Property (Land) Owner:

"NA" - OUT OF STATE TRANSPORTER
ONLY!

☐ New Owner

Date became Owner: ___/___/___
mm dd yy

Street or P.O. Box:

Phone Number:

City or Town:

State:

Zip Code:

Owner Type: ☐ Private ☐ Federal ☐ Municipal ☐ State ☐ Other

9. Type of Regulated Waste Activity (Mark 'X' in all that apply):

NOT APPLICABLE - OUT OF STATE
TRANSPORTER ONLY

A. Hazardous Waste Activities:

For Items 2 through 7, mark 'X' in all that apply.

(1) Generator of Hazardous Waste

(Choose only one of the following three categories.)

- ☐ a. Large Quantity Generator (LQG):
Generates in any calendar month 1,000 kilograms or greater per month (kg/mo) (2,200 lbs.) of *non-acute* hazardous waste; or Greater than 1 kg (2.2 lbs) of *acute* hazardous waste
- ☐ b. Small Quantity Generator (SQG):
Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (>220 to <2,200 lbs.) of *non-acute* hazardous waste and/or 1 kg (2.2 lbs) or less of *acute* hazardous waste
- ☐ c. Conditionally Exempt SQG (CESQG):
Generates in any calendar month 100 kg/mo or less (220 lbs.) of *non-acute* hazardous waste and 1 kg (2.2 lbs) or less of *acute* hazardous waste

In addition, indicate other generator activities that apply.

- ☐ d. United States Importer of hazardous waste
- ☐ e. Mixed Waste (hazardous and radioactive) Generator

(2) Treater, Storer, or Disposer of Hazardous Waste

(at your facility) Note: A hazardous waste permit may be required for this activity.

- ☐ a. Operating Commercial TSD
- ☐ b. Operating Non-commercial TSD
- ☐ c. Non-operating: Postclosure or Corrective Action Permit or Consent Order (HSWA, etc.)

(3) ☐ Recycler of Hazardous Waste (at your facility)Specify: ☐ Commercial; ☐ Non-Commercial.

A permit is required for storage prior to recycling.

(4) ☐ Exempt Boiler and/or Industrial Furnace

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

(5) ☐ Person Authorized to Manage Conditionally Exempt Waste Generated at Other Facilities - Choose this management activity ONLY if you attach EITHER a copy of your application for such authorization OR the authorization you received from FDEP.(6) ☐ Underground Injection Control - Mark an 'X' even if the UIC well at your facility does not receive hazardous waste.

- (7) ☒ Transporter of Hazardous Waste [Note: A Certificate of Liability Insurance is required along with this registration.]
Registration must be renewed annually. ☐ a. For own waste only ☒ b. For commercial purposes

c. Hazardous Waste Transporter Insurance Information

Insurance Company NAUTILUS INSURANCE CO.Address 7233 E. BUTHERUS DRIVE, SCOTTSDALE, AZ 85260-2410C/O HAYLOR, FREYER + COON, 231 SALINA MEADOWS, P.O. BOX 4743, SYRACUSE NY 13221Contact LAURIE PELKEYTelephone (315) 451-1500Policy Number ECP0151690110Expiration date 6/1/2011d. Transportation Mode ☐ Air ☐ Rail ☒ Highway ☐ Water ☐ Other - specify _____e. ☐ Hazardous Waste Transfer Facility: - NOT APPLICABLE Storage Volume _____☐ Initial notification

The following items are required to be submitted with the initial notification for a transfer facility [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:

- ☐ Certification by a responsible corporate officer of the transporter that the proposed location satisfies the criteria of Section 403.7211(2), Florida Statutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]
- ☐ Evidence of the transporter's financial responsibility [Rule 62-730.171(3)(a)3., F.A.C.]
- ☐ A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4., F.A.C.]
- ☐ A copy of the facility closure plan [Rule 62-730.171(3)(a)5., F.A.C.]
- ☐ A copy of the contingency and emergency plan [Rule 62-730.171(3)(a)6., F.A.C.]
- ☐ A map or maps of the transfer facility [Rule 62-730.171(3)(a)7., F.A.C.]
- ☐ Notification of changes in above items
- ☐ Annual update notification

B. Universal Waste (UW) Activities (Mark 'X' in all that apply) ("accumulated" means at any one time):

- ☐ Large Quantity Handler (LQH) = 5,000 kg (11,000 lb) or more of any combination of UW accumulated
- ☐ Small Quantity Handler (SQH) = always less than 5,000 kg accumulated
- ☐ Mercury-containing devices LQH = 100 kg (220 lb) or more accumulated by for-hire handler
- ☐ Mercury-containing devices SQH = less than 100 kg accumulated by for-hire handler
- ☐ Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler
- ☐ Mercury-containing lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler
- [Note: 4 lamps = 1 kg, 62-737.200(10)]
- ☐ Pharmaceuticals LQH = 5,000 kg or more of universal pharmaceutical waste (UPW) accumulated
- ☐ Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste accumulated
- ☐ Pharmaceuticals SQH = always less than 5,000 kg of UPW and always 1 kg or less of acutely hazardous UPW accumulated

(1) For those Managing	Generate/ Accumulate	Transport (see note in instructions)	Handle at Transfer Facility	(2) Enter your estimate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
c. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
d. Mercury Containing Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
e. Mercury Containing Lamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

(3) Mercury Recovery and/or Reclamation Facility ☐
[Chapter 62-737, F.A.C.]

Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]

(4) Reverse Distributor of UW ☐ Pharmaceuticals ☐ Lamps ☐ Devices ☐

(5) Destination Facility for UW ☐ Note: for this activity, a facility must treat, dispose or recycle a UW. A permit is required for storage prior to recycling.

C. Used Oil Activities:

(1) Used Oil Transporter - indicate type(s) of activity(ies):

- ☒ a. Transporter
- ☐ b. Transfer Facility

(2) ☐ Collection Center

(3) ☐ Used Oil Processor (A permit is required for this activity.)

(4) ☐ Off-Specification Used Oil Burner

(5) ☐ Used Oil Fuel Marketer

(6) Used Oil Filter

- ☒ a. Transporter
- ☐ b. Transfer Facility
- ☐ c. Processor
- ☐ d. End User

(8) Specific Certification to be signed by all Used Oil Transporters

I certify as a Used Oil Transporter that the training program and financial responsibility required under Section 62-710.600, F.A.C., are in place, current and being adhered to. If any modifications have been made to the originally approved training program, they are explained in attachments to this registration form. Evidence of financial responsibility is demonstrated by the attached Used Oil Transporter Certificate of Liability Insurance, DEP form 62-710.901(4), F.A.C.

Robert T. Clarke

Signature of Authorized Person

ROBERT T. CLARKE

Print Name of Authorized Person

(7) Used Oil Transporters, Transfer Facilities, Collection Centers, Off-Specification Burners and Marketers must pay an annual \$100 registration fee. Used Oil Processors are exempt from this fee. If applicable, enclose a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection.

☐ A check is enclosed.

(9) The records required under the provisions of Rule 62-710.510, F.A.C., are kept at (check one):

☐ our mailing (business) address

☐ The site (facility) address

EPA ID No. NYR000115733

D. Other State Regulated Waste Activities:

☒ Petroleum Contact Water (PCW) Handler [Chapter 62-740, F.A.C.]Note: A water facility permit may be required for this activity.
* (TRANSPORTER ONLY) *

10. Waste Codes for Federally Regulated Hazardous Wastes: List the waste codes of the Federal hazardous wastes handled at your facility. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112).

Hazardous waste transporters list codes routinely or usually transported. Use an additional page if more spaces are needed.

1	2	3	4	5	6	7
" ENVIRONMENTAL	PRODUCTS &	SERVICES	OF VERMONT,	INC.	TRANSPORTS	
8	9	10	11	12	13	14
ALL FEDERAL	HAZARDOUS	WASTE CODES	IN ITS			
15	16	17	18	19	20	21
TRANSPORTATION	OPERATION	"				
22	23	24	25	26	27	28

11. Other Status Changes (Mark 'X' in all that apply): "NOT APPLICABLE - OUT OF STATE TRANSPORTER ONLY"

A. Non-Handler of Regulated Waste at This Facility

- ☐ (1) Business no longer generates, transports, treats, stores, or disposes of hazardous waste
- ☐ (2) Waste generated by business has been delisted.
- ☐ (3) Other (explain) _____

B. Facility Closed

- ☐ (1) Closed at this location and moved or moving to another - submit a new Form 8700-12FL for the new location if you will be handling regulated waste there.
- ☐ (2) Out of Business - Business closed on _____ (Date). Please provide a contact person, mailing address, and phone number where you can be reached after closing.

Contact _____ Phone _____

Address _____

City, State, Zip _____

☐ C. Property Tax Default☐ D. Petition for Bankruptcy Protection

12. Certification: I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. If I have notified as a transfer facility, I am aware that transfer facilities must comply with the requirements of Rule 62-730.171, FAC, and Rule 62-730.182, FAC.

Signature of owner, operator, or an authorized representative

Print Name and Title

Date Signed
(mm-dd-yyyy)

Robert T. Clarke

ROBERT T. CLARKE ENVIRONMENTAL
MANAGER

01/4/10

If the person who filled in this form is not the Facility Contact or Operator, please complete the information below:

(Name of person completing this form)

(Phone Number)

(E-mail Address)

13. Comments:

STATE OF FLORIDA
HAZARDOUS WASTE TRANSPORTER CERTIFICATE OF LIABILITY
INSURANCE

1. Nautilus Insurance Company
(Name of Insurer)

(the "Insurer"), of 7233 E. Butherus Dr., Scottsdale, AZ 85260-2410
(Address of Insurer)

hereby certifies that it has issued liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences to

Environmental Products and Services of Vermont Inc.
(Name of Insured)

(the "Insured"), of 532 State Fair Blvd, Syracuse, NY 13204
(Address of Insured)

in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-730.170. The coverage applies at:

BPA/DBP I.D. No.	Name	Location
NYR000 115 733	Environmental Products and Services of Vermont Inc.	532 State Fair Blvd Syracuse, NY 13204

(If coverage is for multiple facilities, identify each facility insured.)

This insurance is primary and the company shall not be liable for amounts in excess of \$ 1,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number ECPO151690110, issued on 6/1/2010.

The effective date of said policy is 6/1/2010 (date) and the expiration date of said policy is 6/1/2011 (date).

This insurance is excess and the company shall not be liable for amounts in excess of \$ 10,000,000 for each accident in excess of the underlying limit of \$ 1,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number FFX151690210, issued on 6/1/2010 (date). The effective date of said policy is 6/1/2010 (date) and the expiration date of said policy is 6/1/2011 (date).

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:

- (a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.

- (b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the Insured for any such payment made by the Insurer.
- (c) Whenever requested by the Secretary (or designee) of the Florida Department of Environmental Protection (FDEP), the Insurer agrees to furnish to the Department a signed duplicate original of the policy and all endorsements.
- (d) Cancellation of the insurance, whether by the Insurer or the Insured and any other termination of the insurance (e.g., expiration, non-renewal), will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Secretary of the FDEP as evidenced by certified mail return receipt.
- (e) The Insurer shall not be liable for the payment of any judgment or judgments against the Insured for claims resulting from accidents which occur after the termination of the insurance described herein, but such termination shall not affect the liability of the Insurer for the payment of any such judgment or judgments resulting from accidents which occur during the time the policy is in effect.

I hereby certify that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more States including Florida.



(Signature of Authorized Representative of Insurer)

Steven G. DeRegis

(Typed name)

Vice President

(Title)

Authorized Representative of

Nautilus Insurance Company

(Name of Insurer)

Haylor, Freyer & Coon, Inc., 231 Salina Meadows, PO Box 4743, Syracuse, NY 13221-4743

(Address of Representative)

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 6/3/2010												
PRODUCER Phone: 315-451-1500 Haylor, Freyer & Coon, Inc. 231 Salina Meadows Parkway P.O. 4743 Syracuse NY 13221	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.													
INSURED Environmental Products & Services of Vermont Inc. 532 State Fair Blvd Syracuse NY 13204	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURERS AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Hanover Insurance Company</td> <td>22292</td> </tr> <tr> <td>INSURER B: Great Divide Insurance</td> <td>25224</td> </tr> <tr> <td>INSURER C: Nautilus Insurance Company</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Hanover Insurance Company	22292	INSURER B: Great Divide Insurance	25224	INSURER C: Nautilus Insurance Company		INSURER D:		INSURER E:		
INSURERS AFFORDING COVERAGE	NAIC #													
INSURER A: Hanover Insurance Company	22292													
INSURER B: Great Divide Insurance	25224													
INSURER C: Nautilus Insurance Company														
INSURER D:														
INSURER E:														

COVERAGES THIS CERTIFICATE SUPERSEDES PREVIOUSLY ISSUED CERTIFICATE									
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
C	X	GENERAL LIABILITY	ECPO151690110	6/1/2010	6/1/2011	EACH OCCURRENCE	\$ 1,000,000		
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000		
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 10,000		
		<input type="checkbox"/>				PERSONAL & ADV INJURY	\$ 1,000,000		
		<input type="checkbox"/>				GENERAL AGGREGATE	\$ 2,000,000		
		GEN'L AGGREGATE LIMIT APPLIES PER:							
		<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							
B	X	AUTOMOBILE LIABILITY	BAP151690410	6/1/2010	6/1/2011	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000		
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$		
		<input type="checkbox"/> ALLOWED AUTOS				BODILY INJURY (Per accident)	\$		
		<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$		
		<input checked="" type="checkbox"/> HIRED AUTOS							
<input checked="" type="checkbox"/> NON-OWNED AUTOS									
		GARAGE LIABILITY							
		<input type="checkbox"/> ANY AUTO							
C	X	EXCESS/UMBRELLA LIABILITY	FFX151690210	6/1/2010	6/1/2011	EACH OCCURRENCE	\$ 1,000,000		
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 1,000,000		
		<input type="checkbox"/>							
		<input type="checkbox"/> DEDUCTIBLE							
		<input checked="" type="checkbox"/> RETENTION \$10,000							
B	X	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WCA151690310	6/1/2010	6/1/2011	WC STATU-TORY LIMITS	OTH-ER		
		E.L. EACH ACCIDENT				\$ 1,000,000			
		E.L. DISEASE - EA EMPLOYEE				\$ 1,000,000			
		E.L. DISEASE - POLICY LIMIT				\$ 1,000,000			
		E.L. DISEASE - POLICY LIMIT				\$ 1,000,000			
A C	X	OTHER	RHS562523901	6/1/2010	6/1/2011	\$250,000	Ded \$1,000		
		Leased & Rented Equipment Professional Liab Pollution Liab	ECPO151690110	6/1/2010	6/1/2011	\$1,000,000 Limit Incl in GL	Ded \$25,000		
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS Per Project Aggregate applies to General Liability and Pollution. Certificate Holder shown below is listed as an additional insured on a primary and noncontributory basis including Products and Completed Operations as respects General Liability. Pollution Liability includes Asbestos Abatement. Florida Dept. of Environmental Protection is named as additional insured.									

CERTIFICATE HOLDER Florida Dept. of Environmental Protection Bureau of Solid & Hazardous Waste - MS4550 2600 Blair Stone Road Tallahassee FL 32339-2400	CANCELLATION 30 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing Insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.